

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☒ 21

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NAME OF COMMITTEE (In Full)
 Kay Granger Campaign Fund

A.

Full Name (Last, First, Middle Initial)
 National Republican Congressional Commi

Mailing Address 320 First Street, SE

City Washington State DC Zip Code 20003-

Purpose of Disbursement
 TRANSFER OF EXCESS FUNDS

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 71009.E8347

Date of Disbursement

/ /

Amount of Each Disbursement this Period

10000.00

☐ Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)
 National Republican Congressional Commi

Mailing Address 320 First Street, SE

City Washington State DC Zip Code 20003-

Purpose of Disbursement
 TRANSFER OF EXCESS FUNDS

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 71120.E8432

Date of Disbursement

/ /

Amount of Each Disbursement this Period

25000.00

☐ Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)
 Rely on Your Beliefs Fund

Mailing Address 209 Pennsylvania Avenue SE

City Washington State DC Zip Code 20003-

Purpose of Disbursement
 CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 71120.E8441

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2000.00

☐ Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

37000.00

TOTAL This Period (last page this line number only)